



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SOUTH BEND SPECIALTY SURGERY CENTER

Street Address: 335 Florence Ave Suite 1B

City: Granger, IN 46530

County: IN

Administrator Name: Frances Rodesa Van Vynckt

Administrator Email: rvanvynckt@southbendspecialty.com

ASC Web Address: www.southbendspecialty.com

Fiscal Year: 2021

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	2189	4143
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
30140	389	
62323	362	
64493	342	
69436	272	
64483	244	
30520	158	
62321	146	
64494	145	
64721	128	
64635	125	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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